

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM TPO-875)

SERIAL NO. **10/595593**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED 9/28/06		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
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9		1				
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TOTAL DEP.	7	↓		↓		↓
TOTAL DEP.	9	←		←		←
TOTAL CLAIMS	16					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						